| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 011799 | A. BUILDING _____ B. WING _____ | C 10/26/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GREEN TREE AT POST ROAD | 8800 SPOON DR INDIANAPOLIS, IN 46219 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| R 000 | INITIAL COMMENTS<br><br>This visit was for the Investigation of Complaint IN00116712.<br><br>Complaint IN00116712 - Unsubstantiated due to lack of evidence.<br><br>Survey date: October 26, 2012<br><br>Facility number: 011799<br>Provider number: 011799<br>AIM number: NA<br><br>Survey team:<br>Chuck Stevenson RN<br><br>Census bed type:<br>Residential: 38<br>Total: 38<br><br>Census payor type:<br>Other: 38<br>Total: 38<br><br>Sample: NA<br><br>Green Tree at Post Road was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00116712.<br><br>Quality review 10/26/12 by Suzanne Williams, RN | R 000 | | |